

# **PRE-DECREE TEMPORARY ORDERS**

## **With Notice**

# **1**

**TO GET PRE-DECREE TEMPORARY ORDERS FOR  
CUSTODY, PARENTING TIME (“Visitation”), CHILD  
SUPPORT and/or SPOUSAL MAINTENANCE (support)  
AFTER NOTICE TO THE OTHER PARTY**

**Part 1: Completing and Filing the Court Papers  
(Forms Packet)**



**SELF-SERVICE CENTER**

**PRE-DECREE**

**TEMPORARY ORDERS (with notice)**

**FORMS ONLY**

(Refer to separate packet for Instructions)

This packet contains court forms for requesting temporary orders in family court cases involving children, and/or for temporary orders between spouses in matters of divorce, legal separation, or annulment. The documents should appear in the following order:

Order	File Number	Title	# Pages
1	DRT1ft	Table of Contents (this page)	1
2	DRT1k	Checklist: <i>You may use these forms if . . .</i>	1
3	DRSDS10f	<b><i>“Sensitive Data Sheet”</i></b>	1
4	DRT11f	<b><i>“Motion for Temporary Orders”</i></b>	5
5	DROSC14f	<b><i>“Family Court Department Notice About Returns/Conferences”</i></b>	1
6	DROSC11f	<b><i>“Family Court Department Notice about Temporary Orders”</i></b>	1
<b>IF your request involves temporary alimony, you will need item 7.</b>			
7	DROSC13f	<b><i>“Affidavit of Financial Information”</i></b> (Make blank copy for other party.)	7
<b>IF your request involves temporary child custody or “visitation”, you will need item 8.</b>			
8	DRCVG11f	<b><i>“Parenting Plan”</i></b> (Make blank copy for other party.)	5
<b>IF your request involves temporary child support, you will need item 9.</b>			
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10	DRT12f	<b><i>“Order to Appear”</i></b>	1
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<b>IF your request involves temporary alimony or child support, you will need items 12 and 13.</b>			
12	DRS82f	<b><i>“Order of Assignment”</i></b>	1
13	DRS89f	<b><i>“Judgment Data Sheet”</i></b>	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

**SELF-SERVICE CENTER**  
**PRE-DECREE TEMPORARY ORDERS**  
*(with notice to other party)*

**CHECKLIST**

***You may use these forms if . . .***

- ✓ You or the other party have **already filed**, or at the same time you file these papers *you will be* filing, a petition for:
    - Divorce, legal separation, or annulment, OR
    - to establish child custody and/or parenting time (“visitation”), OR
    - to establish paternity and child custody and/or parenting time, and/or child support, AND
  - ✓ You are the parent of the child(ren) for whom you need a temporary order for custody, parenting time and/or support, OR
  - ✓ You are not the child(ren)’s parent but you *are* listed as a Petitioner or Respondent on the petition for one of the actions listed above; AND
  - ✓ If you are asking for a temporary order for custody, parenting time, and/or child support, the children have either lived in Arizona for at least 6 consecutive months before the Petition was filed, or since birth if younger than 6 months old, or a lawyer has advised you that you could still pursue the case in Arizona *at this time*; AND
  - ✓ You need a temporary court order for child custody, parenting time, and/or child support, while you wait for a final court order; OR
  - ✓ You or the other party filed for Divorce, Legal Separation or Annulment, and you need a temporary court order for spousal maintenance (alimony), division of property or debt, access to community liquid assets (cash or equivalents) or for spousal maintenance *and* child custody, parenting time, and/or child support while you wait for a final court order.
- ✗ **YOU MAY NOT USE THESE FORMS TO REQUEST TEMPORARY SPOUSAL MAINTENANCE IF YOU ARE NOT LEGALLY MARRIED.**

**READ ME:** Before filing documents with the Court, consult **a lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at: <http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_  
 Representing: ☐ Self ☐ Petitioner ☐ Respondent  
 (If Attorney) State Bar Number: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____ Petitioner	<b>Case No.</b> _____  <b>ATLAS No.</b> _____  <b>SENSITIVE DATA SHEET</b> (Not public record)
_____ Respondent	

**Fill out. File with Clerk of Court. Omit Account Numbers and Social Security Numbers**  
 (except on "Orders of Assignment") when requested on other forms.

### A. Personal Information:

	Name	Date of Birth <small>(Month/Day/Year)</small>	Social Security Number
Petitioner:	_____	_____	_____
Respondent:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

### B. Financial Account Numbers (including credit cards, financial and investment accounts, debts):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### C. Pension and Retirement Accounts (including IRAs, 401Ks):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### D. Life Insurance Policies:

Insurance Company	Type of Policy	Name(s) of Policy Owner	Policy #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(1) Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_  
 In this case I am ☐ Petitioner ☐ Respondent ☐ I am represented by Atty.  
 (IF) Atty., Name: \_\_\_\_\_ Bar No. \_\_\_\_\_  
 Atty. Email: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case Number \_\_\_\_\_

\_\_\_\_\_  
 Name of Petitioner

### MOTION FOR TEMPORARY ORDERS

*(in cases with children)*

Check all that apply:

- ☐ For Child Custody  
☐ For Parenting Time ("visitation")  
☐ For Child Support  
☐ For Spousal Maintenance  
☐ For Property and/or Debt  
☐ Attorney Fees

\_\_\_\_\_  
 Name of Respondent

**Before you can file for Temporary Orders, one of the parties (either one) must file a Petition for Divorce, Legal Separation, Annulment, Paternity and Custody, Parenting Time, and/or Support, or if Paternity has already been established, a Petition for Custody, Parenting Time, and/or Support (without Paternity).**

By signing your name at the end of this document, you are stating to the court that the information you have provided is true and correct under penalty of perjury.

## REQUIRED INFORMATION FROM FILING PARTY

### 1. INFORMATION ABOUT THE UNDERLYING PETITION:

- A. Date "**Petition**" was filed: \_\_\_\_\_  
 B. Type of "Petition filed: (Divorce, Custody, or ?): \_\_\_\_\_  
 C. Name of court where Petition was filed: \_\_\_\_\_  
 D. Information about court hearing scheduled for that Petition (if hearing is scheduled):  
     1. DATE and TIME OF HEARING: \_\_\_\_\_  
     2. NAME OF JUDICIAL OFFICER TO HEAR CASE: \_\_\_\_\_  
     3. LOCATION OF HEARING: \_\_\_\_\_

### 2. INFORMATION ABOUT OTHER TEMPORARY ORDERS:

- ☐ To the best of my knowledge, the following information is true:
- No other court has entered temporary orders regarding what I am requesting.
  - No court proceedings are pending for temporary orders regarding what I am requesting.

(If *either* of the statements above is false, **STOP**. Do not mark the box; do not file this paperwork. This Court will not be able to grant temporary orders in your case.)

3. **BASIS FOR REQUEST:** This request is based on the best interests of the minor child(ren), and/or on the inability of one spouse to support him or her self or to maintain this action without financial assistance from the other spouse.

4. **MY RELATIONSHIP TO ANY CHILDREN WHO ARE THE SUBJECT OF THIS REQUEST FOR TEMPORARY ORDERS IS:**

☐ **Mother** ☐ **Father** ☐ **Other:** (grandmother, friend, or ?) \_\_\_\_\_

If "Other", my name is: \_\_\_\_\_

Where ever this document refers to "Other" or "Other Party", it refers to me.

**INFORMATION ABOUT THE CHILD(REN) referred to in this Motion:**

Name: _____	Name: _____
Birth date: _____	Birth date: _____
Current Address: _____	Current Address: _____
County of residence: _____	County of residence: _____
Father: _____	Father: _____
Mother: _____	Mother: _____
Name: _____	Name: _____
Birth date: _____	Birth date: _____
Current Address: _____	Current Address: _____
County of residence: _____	County of residence: _____
Father: _____	Father: _____
Mother: _____	Mother: _____

**AS INDICATED BY WHAT IS WRITTEN AND/OR BY THE BOXES CHECKED BELOW, I ASK THE COURT TO ORDER AS FOLLOWS:** (If you do *not* want the court to enter an order for a particular item, do not write in the blank spaces *or* check any boxes under that item.)

- A. **TEMPORARY CHILD CUSTODY:** The *temporary* care, custody and control of the minor child(ren) should be awarded as indicated below:

☐ There having been no "significant" acts of domestic violence, temporary **JOINT LEGAL CUSTODY** should be awarded to Petitioner and Respondent of the minor child(ren) subject to ☐ Maricopa County Parent/Child Access Guidelines or ☐ the attached Parenting Plan, **OR**

☐ **SOLE CUSTODY** should be awarded to the party indicated to the right of the child's name:

Child(ren)'s Name(s)	Petitioner	Respondent	Other
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. TEMPORARY PARENTING TIME** ("visitation") should be ordered:

- ☐ In accord with the attached **Parenting Plan**, or  
☐ As described below: (Be Specific)

**TRANSPORTATION.**

- ☐ Petitioner ☐ Respondent or ☐ \_\_\_\_\_ shall pick up the child(ren).  
☐ Petitioner ☐ Respondent or ☐ \_\_\_\_\_ shall return the child(ren).

**WEEKENDS** (explain specifically) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUMMER MONTHS** (explain specifically) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOLIDAYS AND BIRTHDAYS** (explain specifically) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE CALLS** (explain specifically) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER** (explain specifically) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A. TEMPORARY CHILD SUPPORT:**

- ☐ In accordance with the **Arizona Child Support Guidelines**, and based upon the Parent's Worksheet for Child Support, the person responsible for paying child support should pay \$\_\_\_\_\_ per month, **OR**

- ☐ **DEVIATION FROM THE CHILD SUPPORT GUIDELINES, which is appropriate because:**

- ☐ Application of the **Guidelines** is inappropriate or unjust.  
☐ The parties have signed a written agreement, free of duress and coercion, with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.  
☐ Child Support under the Guidelines would have been: \$ \_\_\_\_\_  
☐ Child Support after the deviation should be: \$ \_\_\_\_\_

**Other Reasons for Deviation from Guideline Amount:**

\_\_\_\_\_

\_\_\_\_\_

**B. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN:**

- ☐ Petitioner to be responsible for ☐ medical ☐ dental ☐ vision care insurance.  
☐ Respondent to be responsible for ☐ medical ☐ dental ☐ vision care insurance.

Non-Covered Expenses: Petitioner to pay \_\_\_\_\_%, and Respondent \_\_\_\_\_%, of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health charges for the minor child(ren), including co-payments.

**SPOUSAL MAINTENANCE, PROPERTY, DEBT, and/or ATTORNEY FEES****E. MEDICAL AND DENTAL CARE FOR OTHER SPOUSE**

- ☐ **Petitioner** is responsible for providing: ☐ medical ☐ dental insurance (for other spouse).  
☐ **Respondent** is responsible for providing: ☐ medical ☐ dental insurance (for other spouse).

All uninsured medical and dental expenses shall be paid as follows:

\_\_\_\_\_ % by Petitioner and \_\_\_\_\_ % by Respondent.

**F. SPOUSAL MAINTENANCE/SUPPORT** shall be paid by ☐ Petitioner or ☐ Respondent to the other spouse in a reasonable amount as ordered by this Court based on the attached ***"Affidavit of Financial Information."***

**G. ACCESS TO COMMUNITY LIQUID ASSETS** (Cash or cash held in financial institutions in Checking, Savings, and other financial accounts from which cash can be withdrawn). Wife and Husband shall have immediate access to community funds in the proportions (or dollar amounts) listed below, held in the named bank or financial institution.

Name of Financial Institution	Name of Account Holder	Total (\$) in Account	% or Dollar amount to Husband	% or Dollar amount to Wife
		\$		
		\$		
		\$		
		\$		

**H. DISCLOSURE OF COMMUNITY LIQUID ASSETS** (Cash or cash held in financial institutions).

The Petitioner and Respondent should be ordered to disclose to the other party and to the court the name of all financial institutions where funds are held; the name in which the account is held; the account number; and the dollar amount in the account. (To guard against identity theft, financial account numbers may be presented on the ***"Sensitive Data Sheet"***, which is not part of the public record.)

**I. PAYMENT OF DEBTS** should be made as follows:

Creditor's Name (who the money is owed to)	Name(s) on Account	Total Amount Owed	Monthly Minimum Payment	% or \$ to be Paid by Husband	% or \$ to be Paid by Wife
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		



Case No. \_\_\_\_\_

- J. EXCLUSIVE USE AND POSSESSION OF PROPERTY** should be granted as follows:  
To Petitioner if marked under the “**P**”; to the Respondent if marked under the “**R**”.

	<b>P</b>	<b>R</b>
<b>Residence at:</b> (list address) _____		
<b>Car described as:</b> _____		
<b>Other: (describe)</b> _____		
<b>Other: (describe)</b> _____		
<b>Other: (describe)</b> _____		
<b>Other: (describe)</b> _____		

**K. ATTORNEY FEES.**

Based on the attached “*Affidavit of Financial Information*” ☐ Petitioner or ☐ Respondent shall reimburse the other party for attorney fees for the costs of initiating and maintaining this action in the amount of \$\_\_\_\_\_.

If the other party contests (files papers to disagree with) these Temporary Orders, he or she shall pay or reimburse the other party for the costs of defending or maintaining these Orders, including:

- ☐ attorney fees.  
☐ court costs

**L. LENGTH OF THIS ORDER:** This order shall continue (check one box)

- ☐ Until further order of this court, **OR**  
☐ Until (date): \_\_\_\_\_

**OATH OR AFFIRMATION**

The contents of this document are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or affirmed  
before me this date:

\_\_\_\_\_  
My Commission expires

\_\_\_\_\_  
Deputy Clerk or Notary Public

**SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY**  
**Family Court Department Notice**  
**Notice about “Returns”/Conferences in Commissioners’ Courts**  
Approved July 1, 1997/Revised June 9, 1998

This notice applies to **all** proceedings and must be served with the **“Order to Show Cause”** and/or **“Order to Appear”** (except in IV-D child support cases by DES/DCSE)

**GENERAL INFORMATION:** Due to an increase in demand for time on commissioner calendars, as well as the reduction in resources available, the Family Court commissioners will set EVERY **“Motion for Temporary Orders”** and other requests for evidentiary hearings for a 15 minute “return”/status conference before setting a hearing.

**REQUIREMENTS APPLICABLE TO THE RETURN:** The attached **“Order to Appear”/“Order to Show Cause”** is a return only. Here is what the parties and attorneys must know about the return/status conference:

1. **Documents:** Not later than 3 judicial days before the date of the return, the parties shall exchange current, complete, and verified **“Affidavits of Financial Information,”** along with supporting documents. Failure to do so may result in sanctions.
2. **Failure to Appear:** This is a 15 minute proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.
3. **Conduct of Return/Status Conference:** If both parties appear, they must be prepared to advise the court of the issues resolved, as well as the issues which remain disputed. Each party shall be prepared to state his or her position on each issue. The court may schedule discovery, disclosure and any other matter necessary to assist the litigants at the subsequent hearing. The court may also enter an Order as to scope and duration of the hearing, including witnesses and documents which may be offered at hearing.
4. **Ability to Schedule Further Proceedings:** Parties and counsel attending the return/ status conference shall have in their possession a schedule of their availability. They shall be prepared to advise the court of any periods of non-availability in the six weeks after the return date.
5. **Duty to Meet Prior to Return:** Except where a party has obtained an **“Order of Protection”** or other Order of the court prohibiting contact, the parties shall meet and confer at least 24 hours prior to the return. In cases where an attorney has been retained, the attorney shall make a reasonable effort to meet with and confer with the opponent at least 24 hours prior to the return.

**WARNING.** All litigants and counsel are cautioned that failure to notify the court of settlement in a timely manner may result in the imposition of sanctions.

# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

## Family Court Department Notice

August 1, 1995 and revised June 9, 1997

This notice applies to **all** temporary orders proceedings and **must** be served with the ***“Order To Show Cause”*** and/or ***“Order to Appear”*** (except in IV-D child support cases by DES/DCSE)

### 1. NOTICE ABOUT TEMPORARY ORDERS:

- A. Parties Representing Themselves in Court.** Parties representing themselves will be sworn and shall state their position under oath. The judge will ask questions as necessary.
- B. Parties Represented by Attorneys.** In lieu of the above, attorneys who represent parties will state the party(ies)' position as to all contested matters by avowal.
- C. General Information.** No hearing will be allowed more than 45 minutes. If you are late for either hearing or cause any other delay, your hearing will be shortened to fit the amount of time scheduled.

### 2. NOTICE TO ALL RESPONDENTS ABOUT PAYMENT OF COURT FEES:

You can object to what the Petitioner asks for, but you will not be allowed to ask for any additional orders **unless, before the hearing**, you have paid the filing fee for a “Response” or “Appearance”, or the fee is deferred by the court. Bring written proof with you to the hearing that you paid, or were not required to pay, the court fee at this time. This means that you need a copy of the receipt, or a copy of the order deferring fees.

### 3. REQUIRED DOCUMENTS:

If either party is asking for child custody, spousal maintenance/ support (alimony), child support, or property/debt protection, each party must exchange with the other a complete ***“Affidavit of Financial Information”*** with all supporting documents. If you are asking for child support, you must also complete and exchange the ***“Parent’s Worksheet for Child Support.”*** If you want help completing the Parent’s Worksheet, you can call the Family Court Clerk Services at 602-506-3762 for an appointment. (You can get copies of these documents at the Self-Service Center at either the downtown Phoenix or Southeast (Mesa) Superior Court location.) Complete and exchange the documents at least **3** court days before the hearing or the judge might not allow you to present that part of your case. You will only be allowed to give the judge your copy of the ***“Affidavit of Financial Information”*** and up to 5 supporting documents, and the ***“Parent’s Worksheet for Child Support,”*** if you gave everything to the other party at least **3** court days before the hearing.

### 4. EXCEPTIONS:

If you want to be allowed to do something other than what is required in items 1, 2, and 3 above, you must put your request in writing as follows:

- **IF YOU ARE THE PETITIONER:** Put your request in writing **in the petition** for the ***“Order to Show Cause”*** also called ***“Order to Appear.”***
- **IF YOU ARE THE RESPONDENT:** Put your request in writing **to the judge** and provide a copy to the other party at least 5 court days before the hearing.

### 5. COURT REPORTER and/or COURT INTERPRETER:

You must request a court reporter and/or court interpreter at least **5** court days before the hearing. (Call the judge’s staff and tell him or her that you need a court reporter and/or interpreter.)

### 6. REASONABLE ACCOMMODATION:

You must make a request for reasonable accommodation under the Americans with Disabilities Act at least **3** court days before the hearing.

### 7. JUDGE OR COMMISSIONER:

Commissioners generally hear cases about temporary orders. All references to “judge” in this notice applies to commissioners.

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Evening Phone Number: \_\_\_\_\_  
 Representing: ☐ Self ☐ Petitioner ☐ Respondent  
 State Bar Number: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
 Petitioner/Plaintiff

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

### AFFIDAVIT OF FINANCIAL INFORMATION

\_\_\_\_\_  
 Respondent

Affidavit of \_\_\_\_\_  
 (Name of Person Whose Information is on this  
 Affidavit)

### IMPORTANT INFORMATION ABOUT THIS DOCUMENT

**WARNING TO BOTH PARTIES:** This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party and to the judge. If you do not do this, the court may order you to pay a fine.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that, if I fail to provide the required information or give misinformation, the judge may order sanctions against me, including assessment of fees for fines under Rule 31, Arizona Rules of Family Law Procedure.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Person Making Affidavit

### INSTRUCTIONS

1. **Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.**
2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.
 

[ ] YES [ ] NO	1. I listed all sources of my income.
[ ] YES [ ] NO	2. I attached copies of my two (2) most recent pay stubs.
[ ] YES [ ] NO	3. I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

Case No. \_\_\_\_\_

**1. GENERAL INFORMATION:**

- A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
B. Current Address: \_\_\_\_\_  
C. Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
D. Last date when you and the other party lived together: \_\_\_\_\_  
E. Full names of child(ren) common to the parties (in this case), their dates of birth:

Name	Date of Birth
_____	_____
_____	_____
_____	_____

- F. The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
_____	_____	_____	_____
_____	_____	_____	_____

- G. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside With You (Y/N)	Court Order to Support (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- H. Attorney's Fees paid in this matter \$ \_\_\_\_\_. Source of funds \_\_\_\_\_

**2. EMPLOYMENT INFORMATION:**

- A. Your job/occupation/profession/title: \_\_\_\_\_  
Name and address of current employer: \_\_\_\_\_

Date employment began: \_\_\_\_\_

How often are you paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month  
☐ Other \_\_\_\_\_

- B. If you are not working, why not? \_\_\_\_\_

- C. Previous employer name and address: \_\_\_\_\_

Previous job/occupation/profession/title: \_\_\_\_\_

Date previous job began: \_\_\_\_\_ Date previous job ended: \_\_\_\_\_

Reason you left job: \_\_\_\_\_

Gross monthly pay at previous job: \$ \_\_\_\_\_

- D. Total gross income from last three (3) years' tax returns (attach copies of pages 1 and 2 of your federal income tax returns for the last three (3) years):

Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ \_\_\_\_\_

**3. YOUR EDUCATION/TRAINING:** List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: \_\_\_\_\_
- B. College: \_\_\_\_\_
- C. Post-Graduate: \_\_\_\_\_
- D. Occupational Training: \_\_\_\_\_

**4. YOUR GROSS MONTHLY INCOME:**

- List **all** income you receive from **any** source, whether private or governmental, taxable or not.
- List all income payable to you individually or payable jointly to you and your spouse.
- Use a monthly average for items that vary from month to month.
- Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A. Gross salary/wages per month \$ \_\_\_\_\_

- **Attach copies of your two most recent pay stubs.**

Rate of Pay \$ \_\_\_\_\_ per [ ] hour [ ] week [ ] month [ ] year

B. Expenses paid for by your employer:

1. Automobile \$ \_\_\_\_\_
2. Auto expenses, such as gas, repairs, insurance \$ \_\_\_\_\_
3. Lodging \$ \_\_\_\_\_
4. Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_

C. Commissions/Bonuses \$ \_\_\_\_\_

D. Tips \$ \_\_\_\_\_

E. Self-employment Income (See below) \$ \_\_\_\_\_

F. Social Security benefits \$ \_\_\_\_\_

G. Worker's compensation and/or disability income \$ \_\_\_\_\_

H. Unemployment compensation \$ \_\_\_\_\_

I. Gifts/Prizes \$ \_\_\_\_\_

J. Payments from prior spouse \$ \_\_\_\_\_

K. Rental income (net after expenses) \$ \_\_\_\_\_

L. Contributions to household living expense by others \$ \_\_\_\_\_

M. Other (Explain:) \_\_\_\_\_ \$ \_\_\_\_\_  
(Include dividends, pensions, interest, trust income, annuities or royalties.)

**TOTAL:** \$ \_\_\_\_\_

**5. SELF-EMPLOYMENT INCOME (if applicable):**

If you are self-employed, attach a copy of the Schedule C for your business from your last tax return and the most recent income/expense statement from your business.

**If self employed, provide the following information:**

Name, address and telephone no. of business: \_\_\_\_\_

Type of business entity: \_\_\_\_\_

State and Date of incorporation: \_\_\_\_\_

Nature of your interest: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Percent ownership: \_\_\_\_\_

Number of shares of stock: \_\_\_\_\_

Case No. \_\_\_\_\_

Total issued and outstanding shares: \_\_\_\_\_

Gross sales/revenue last 12 months: \_\_\_\_\_

### INSTRUCTIONS

Both parties must answer item 6 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

#### 6. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:

- **DO NOT LIST** any expenses for the other party, or child(ren) who live(s) with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

##### A. HEALTH INSURANCE:

1. Total monthly cost \$ \_\_\_\_\_
2. Premium cost to insure you alone \$ \_\_\_\_\_
3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_
4. List all people covered by your insurance coverage:  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of insurance company and Policy/Group Number:  
\_\_\_\_\_

##### B. DENTAL/VISION INSURANCE:

1. Total monthly cost \$ \_\_\_\_\_
2. Premium cost to insure you alone \$ \_\_\_\_\_
3. Premium cost to insure child(ren) common to the parties \$ \_\_\_\_\_
4. List all people covered by your insurance coverage:  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of insurance company and Policy/Group Number:  
\_\_\_\_\_

##### C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

1. Drugs and medical supplies \$ \_\_\_\_\_
2. Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL:**

\$ \_\_\_\_\_

##### D. CHILD CARE COSTS:

1. Total monthly child care costs \$ \_\_\_\_\_  
(Do not include amounts paid by D.E.S.)
2. Name(s) of child(ren) cared for and amount per child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

3. Name(s) and address(es) of child care provider(s):

\_\_\_\_\_  
 \_\_\_\_\_

**E. EMPLOYER PRETAX PROGRAM:**

Do you participate in an employer program for pretax payment of child care expenses? (Cafeteria Plan)? [ ] YES [ ] NO

**F. COURT ORDERED CHILD SUPPORT:**

1. Court ordered current child support for child(ren)  
**not common to the parties** \$ \_\_\_\_\_
2. Amount of any arrears payment \$ \_\_\_\_\_
3. Amount per month actually paid in last 12 mos. \$ \_\_\_\_\_
  - **Attach proof that you are paying**
4. Name(s) and relationship of minor child(ren) who you support or who live with you, but are **not** common to the parties.

\_\_\_\_\_  
 \_\_\_\_\_

**G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):**

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ \_\_\_\_\_

**H. EXTRAORDINARY EXPENSES :**

1. For **Children** (Educational Expense/Special Needs/Other): \$ \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_
2. For **Self**: \$ \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer items 7 and 8 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

**7. SCHEDULE OF ALL MONTHLY EXPENSES:**

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.



•

Case No. \_\_\_\_\_

**A. HOUSING EXPENSES:**

1. House payment:
  - a. First Mortgage \$ \_\_\_\_\_
  - b. Second Mortgage \$ \_\_\_\_\_
  - c. Homeowners Association Fee \$ \_\_\_\_\_
  - d. Rent \$ \_\_\_\_\_
2. Repair & upkeep \$ \_\_\_\_\_
3. Yard work/Pool/Pest Control \$ \_\_\_\_\_
4. Insurance & taxes not included in house payment \$ \_\_\_\_\_
5. Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**B. UTILITIES:**

1. Water, sewer, and garbage \$ \_\_\_\_\_
2. Electricity \$ \_\_\_\_\_
3. Gas \$ \_\_\_\_\_
4. Telephone \$ \_\_\_\_\_
5. Mobile phone/pager \$ \_\_\_\_\_
6. Internet Provider \$ \_\_\_\_\_
7. Cable/Satellite television \$ \_\_\_\_\_
8. Other (Explain:) \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**C. FOOD:**

1. Food, milk, and household supplies \$ \_\_\_\_\_
2. School lunches \$ \_\_\_\_\_
3. Meals outside home \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**D. CLOTHING:**

1. Clothing for you \$ \_\_\_\_\_
2. Uniforms or special work clothes \$ \_\_\_\_\_
3. Clothing for children living with you \$ \_\_\_\_\_
4. Laundry and cleaning \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**E. TRANSPORTATION OR AUTOMOBILE EXPENSES:**

1. Car insurance \$ \_\_\_\_\_
2. List all cars and individuals covered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Car payment, if any \$ \_\_\_\_\_
4. Car repair and maintenance \$ \_\_\_\_\_
5. Gas and oil \$ \_\_\_\_\_
6. Bus fare/parking fees \$ \_\_\_\_\_
7. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**F. MISCELLANEOUS:**

1. School and school supplies \$ \_\_\_\_\_
2. School activities or fees \$ \_\_\_\_\_
3. Extracurricular activities of child(ren) \$ \_\_\_\_\_

Case No. \_\_\_\_\_

4. Church/contributions	\$ _____
5. Newspapers, magazines and books	\$ _____
6. Barber and beauty shop	\$ _____
7. Life insurance (beneficiary: _____)	\$ _____
8. Disability insurance	\$ _____
9. Recreation/entertainment	\$ _____
10. Child(ren)'s allowance(s)	\$ _____
11. Union/Professional dues	\$ _____
12. Voluntary retirement contributions and savings deductions	\$ _____
13. Family gifts	\$ _____
14. Pet Expenses	\$ _____
15. Cigarettes	\$ _____
16. Alcohol	\$ _____
17. Other (explain): _____	\$ _____
<b>TOTAL:</b>	\$ _____

**8. OUTSTANDING DEBTS AND ACCOUNTS:** List all debts and installment payments you currently owe, but **do not include items listed in Item 8** "Monthly Schedule of Expenses". Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Your Last Payment	Amount of Your Payment

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 ATLAS Number (if applicable): \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without Attorney) OR Attorney for ☐ Petitioner ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner

Case Number \_\_\_\_\_

AND

**PARENTING PLAN FOR:**  
☐ **JOINT CUSTODY WITH JOINT  
CUSTODY AGREEMENT**  
**OR**  
☐ **SOLE CUSTODY**

\_\_\_\_\_  
Name of Respondent

☐ Mother  
☐ Father

### INSTRUCTIONS

**This document has 3 parts:** PART 1) General Information; PART 2) Custody and Parenting Time; PART 3) Joint Custody Agreement.

**One or both parents must complete and sign the Plan as follows:**

- a. If both parents agree to joint custody: Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. If both parents agree to custody and parenting time arrangements but not to joint custody: Both parents must sign the Plan at the end of PART 2;
- c. If only one parent is submitting the Plan: That parent must sign at the end of PART 2

### PART 1: GENERAL INFORMATION:

**A. CHILDREN.** This Plan concerns the following children: (Use additional paper if necessary)


- B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN:** The following custody arrangement is requested: (Check the box(es) that apply.)
- ☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**
- ☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan, **OR**
- ☐ Mother or ☐ Father will be the primary custodial parent
- ☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the child(ren), as described in the following pages. **OR,**
- ☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.
- ☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

**PART 2: CUSTODY AND PARENTING TIME.** Complete each section below. Be specific about what you want the judge to approve in the court order.

- A. WEEKDAY AND WEEKEND SCHEDULE:** The time-sharing schedule will be as follows:
- ☐ The children will be in the care of Father as follows: (Explain).
- 
- ☐ The children will be in the care of Mother as follows: (Explain).
- 
- ☐ Other custody arrangements are as follows: (Explain).
- 
- ☐ Transportation will be provided as follows:
- ☐ Mother or ☐ Father will pick the children up at \_\_\_\_\_ o'clock.
- ☐ Mother or ☐ Father will drop the children off at \_\_\_\_\_ o'clock.
- Parents may change their time-share arrangements by mutual agreement with at least \_\_\_\_ days notice in advance to the other parent.
- B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS:** The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**
- ☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Father: (Explain.)
- 
- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Mother: (Explain.)
- 
- ☐ Each parent is entitled to a \_\_\_\_ week period of vacation time with the child(ren). The parents will work out the details of the vacation at least \_\_\_\_ days in advance.

- ☐ Should either parent travel out of the area with the child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the child(ren) can be reached.
- ☐ Neither parent shall travel with the child(ren) outside Arizona for longer than \_\_\_\_\_ days without the prior written consent of the other parent or order of the court.

**C. HOLIDAY SCHEDULE:** The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/Parenting time schedule.

Holiday		Even Years		Odd Years	
<input type="checkbox"/>	New Year's Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	New Year's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Spring Vacation	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Easter	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	4th of July	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Halloween	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Veteran's Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Thanksgiving	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Hanukkah	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Eve	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Winter Break	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Child's Birthday	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father
<input type="checkbox"/>	Mother's Day will be celebrated with the Mother every year				
<input type="checkbox"/>	Father's Day will be celebrated with the Father every year.				
<input type="checkbox"/>	Each parent may have the child(ren) on his or her birthday.				
<input type="checkbox"/>	Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the child(ren) for the weekend.				
<input type="checkbox"/>	Other Holidays (Describe the other holidays and the arrangement.)				

- ☐ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours
- ☐ Other (Explain)

**D. PARENTAL ACCESS TO RECORDS AND INFORMATION:** Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

**E. EDUCATIONAL ARRANGEMENTS:**

- ☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.
- ☐ Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with  
☐ Mother OR ☐ Father after consultation with \_\_\_\_\_

**F. MEDICAL AND DENTAL ARRANGEMENTS:**

- ☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.
- ☐ Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with:  
☐ Mother OR ☐ Father after consultation with \_\_\_\_\_

**G. RELIGIOUS EDUCATION ARRANGEMENTS:**

- ☐ Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care.
- ☐ Both parents agree that the child(ren) may be instructed in the \_\_\_\_\_ faith.
- ☐ Both parents agree that religious arrangements are not applicable to this plan.

**H. ADDITIONAL ARRANGEMENTS AND COMMENTS:**

- ☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within \_\_\_\_\_ days of the change.
- ☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the child(ren)
- ☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the child(ren)'s access to the other parent.
- ☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.
- ☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.
- ☐ **COMMUNICATE.** Each parent agrees that all communications regarding the child(ren) will be between the parents and that they will **not** use the child(ren) to convey information or to set up parenting time changes.
- ☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the child(ren)

- ☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the child(ren) and to amicably resolve such disputes as may arise.
- ☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***“Parenting Plan/Access Agreement”*** in place before the move **or** the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- ☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the child(ren), that parent will notify the other parent as soon as possible.
- ☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice
- ☐ **DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or act in such a way that is inconsistent with the terms of this agreement.

**NOTICE TO PARENTS:** Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

**I. SIGNATURE OF BOTH PARTIES**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):**

- A.** ☐ **JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:
- 1. REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every \_\_\_\_\_ months from the date of this document.
  - 2. CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403)
    - a.** The best interests of the child(ren) are served;
    - b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
    - c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
    - d.** The Plan includes a procedure for periodic review;
    - e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved
    - f.** The parties understand that joint custody does not necessarily mean equal parenting time.

**B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY**

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

(1) Name of Person Filing : \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_  
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney  
 (IF) Attorney, Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_  
 Atty. Email: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 IN MARICOPA(2) COUNTY**

**PARENT'S WORKSHEET FOR CHILD SUPPORT**

(3) Petitioner \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent \_\_\_\_\_ (4) ATLAS \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.  
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.  
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	<b>FATHER</b>	<b>MOTHER</b>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____ (9)	\$ _____
Spousal Maintenance Paid	\$ - (10)	\$ -
Spousal Maintenance Received	\$ + (11)	\$ +
Child Support Paid/Contributed	\$ - (12)	\$ -
Support of Other Children Paid	\$ - (13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
<b>Basic Child Support Obligation</b>	(16) \$ _____	
<b>Plus Costs for:</b>		
Medical/Dental/Vision Insurance	\$ _____ (17)	\$ _____
Childcare	\$ _____ (18)	\$ _____
Education Expenses	\$ _____ (19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____ (20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21) \$ _____	
Total Adjustments for Costs	(22) _____	
Total Child Support Obligation	(23) \$ _____	



	<b>FATHER</b>		<b>MOTHER</b>	
Each Parent's % of Combined Income	_____	%	(24)	_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____		(25)	\$ _____

**Adjustment for Non Custodial Parent's Costs Associated with Parenting Time**Using Table A ☐ Table B ☐ (26)

No. of Days \_\_\_\_\_ = \_\_\_\_\_% Adjustment (from table)

x Line (16) \$ \_\_\_\_\_ (Basic Child Support Obligation) \$ \_\_\_\_\_ (27) \$ \_\_\_\_\_

**Less Noncustodial Parent's Costs for:**

Medical/Dental/Vision Insurance\* \$ \_\_\_\_\_ (28) \$ \_\_\_\_\_

Childcare\* \$ \_\_\_\_\_ (29) \$ \_\_\_\_\_

Education Expenses\* \$ \_\_\_\_\_ (30) \$ \_\_\_\_\_

Extraordinary/Special Needs Child Expenses\* \$ \_\_\_\_\_ (31) \$ \_\_\_\_\_

\*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ \_\_\_\_\_ (32) \$ \_\_\_\_\_

Preliminary Child Support Amount \$ \_\_\_\_\_ (33) \$ \_\_\_\_\_

**Self Support Reserve Test for Parent Who Will Pay**

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ \_\_\_\_\_ (34) \$ \_\_\_\_\_

Child Support to be Paid by: Father ☐ Mother ☐ \$   (35) \$  

Share of Travel Expenses Related to Parenting Time\* \_\_\_\_\_ % (36) \_\_\_\_\_ %

\*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance \_\_\_\_\_ % (37) \_\_\_\_\_ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner,

and

\_\_\_\_\_  
Name of Respondent.

Case Number: \_\_\_\_\_

### ORDER TO APPEAR REGARDING MOTION FOR TEMPORARY ORDERS

**READ ME:** This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact a lawyer for help.

Based on the *"Motion for Temporary Orders,"* the documents filed with it, and pursuant to Arizona Law,

**IT IS ORDERED THAT YOU** \_\_\_\_\_ appear at the time and place stated below so the court can determine whether the relief asked for in the *"Motion for Temporary Orders"* should be granted.

### INFORMATION ABOUT COURT HEARING TO BE HELD:

NAME OF JUDICIAL OFFICER: \_\_\_\_\_

DATE AND TIME OF HEARING: \_\_\_\_\_

PLACE OF HEARING: \_\_\_\_\_ MARICOPA COUNTY SUPERIOR COURT

ADDRESS OF HEARING: \_\_\_\_\_

**IT IS FURTHER ORDERED** that a copy of this *"Order to Appear"* and a copy of the Motion and documents filed with the Motion shall be mailed immediately by the party initiating the action to parties *who have appeared* in this action, and that a copy shall be *served on* the parties who are required to appear who have not, in accordance with Arizona Rules of Family Law Procedure, Rules 40-43, 47.

Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or Commissioner scheduled to hear this case five days before your scheduled court date.

DONE IN OPEN COURT: \_\_\_\_\_  
Judge/Commissioner of the Superior Court

**READ ME.** This is a 15 minute proceeding with the court. The court will determine if more time is needed. **All parties, whether represented by attorneys or not, must be present.** If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear. If the petition seeks to establish, modify or enforce child support, and you fail to appear as ordered, a child support arrest warrant may be issued for your arrest.

# SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Respondent

## TEMPORARY ORDER FOR

(Check all that apply)

- ☐ **Child Custody**  
☐ **Parenting Time** ("Visitation")  
☐ **Child Support**  
☐ **Spousal Maintenance/Support**  
☐ **Property and/or Debt**  
☐ **Attorney Fees**

**NOTICE:** This is a Court Order that affects your legal rights and responsibilities. Read Carefully.  
 If you disagree with or you do not understand this Order, you may consult an attorney for assistance.

## THE COURT FINDS:

1. A sworn **"Motion for Temporary Orders"** was filed with the court. The court read the Motion, scheduled a hearing, took testimony as appropriate, considered all relevant matters, and issues a Temporary Order.
2. This court has jurisdiction to enter temporary orders regarding child custody, parenting time, child support, and/or spousal maintenance, property or debt, and has jurisdiction over the parties under the law. Where it has the legal power to do so and where it is applicable to the facts of this case, this court has considered, approved, and made Orders relating to child custody, parenting time, child support, spousal maintenance, property, and debt.
3. This order is based on the best interests of any minor children and/or the inability of one spouse to support him or her self or to maintain this action without financial assistance from the other spouse, and because the other spouse refuses to voluntarily provide support.

4. The relation of the party who requested these temporary orders to any children involved in this case is:  
☐ **Mother** ☐ **Father** ☐ **Other Relation:** \_\_\_\_\_ **and**  
**if "Other", the name of that Person is:** \_\_\_\_\_ .

Where ever this Order refers to "Other" or "Other Person", it refers to the individual named above.

**This Order applies to the children named below.**

**Month/Date/Year of Birth**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. **TEMPORARY CHILD SUPPORT:** The court, having considered the best interests of the child(ren), makes the following findings regarding payment of *temporary* child support:

☐ **In accordance with the Arizona Child Support Guidelines**, and based upon the Parent's Worksheet for Child Support, the person responsible for paying child support child support should pay \$\_\_\_\_\_ per month, **OR**

Case No. \_\_\_\_\_

- ☐ **Deviation from the Child Support Guidelines is appropriate because:**
- ☐ Application of the **Guidelines** is inappropriate or unjust.
- ☐ The parties have signed a written agreement, free of duress and coercion, with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.
- ☐ The child support order would have been: \$ \_\_\_\_\_
- ☐ The child support order after deviation is: \$ \_\_\_\_\_
- Other Reasons for Deviation from Guideline Amount:**

6. **TEMPORARY SUPERVISED OR NO PARENTING TIME:** (if applicable)  
**Supervised Parenting time** between the child(ren) and ☐ Petitioner ☐ Respondent or ☐ Other, **OR**  
**No Parenting time** between the child(ren) and ☐ Petitioner ☐ Respondent or ☐ Other, is in the best interests of the child(ren) for the following reasons: \_\_\_\_\_

## THE COURT ORDERS:

### A. CUSTODY

- ☐ **Temporary Joint Legal Custody.** There having been no significant acts of domestic violence, Petitioner and Respondent are hereby awarded temporary **joint legal custody** of the minor child(ren) subject to ☐ Maricopa County Parent/Child Access Guidelines or ☐ the attached Parenting Plan, **OR**

- ☐ **Temporary Sole Custody** of the minors named below is awarded as indicated below:

Petitioner	Respondent	Other	Names of Minor Children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### B. TEMPORARY PARENTING TIME (or for non-parent, "visitation").

- ☐ **Reasonable parenting time** to \_\_\_\_\_ according to the Maricopa County Parent/Child Parenting time/Access Guidelines. **(OR)**
- ☐ **Reasonable parenting time** to \_\_\_\_\_ according to the Parenting Plan attached. **(OR)**
- ☐ **Reasonable visitation time** to \_\_\_\_\_ according to the Parenting Plan attached *for person other than parent*. **(OR)**
- ☐ **Supervised parenting time** (or visitation) to \_\_\_\_\_ **but only in the presence of the person named below or other person approved by the court. (OR)**

Name of Supervisor: \_\_\_\_\_

Restrictions: \_\_\_\_\_

The cost of supervised parenting time shall be paid by ☐ Petitioner or ☐ Respondent or ☐ Other

Case No. \_\_\_\_\_

☐ **No parenting time** rights to ☐ Petitioner or ☐ Respondent ☐ Other

☐ **Other parenting time/visitation as Ordered by this Court:** \_\_\_\_\_

**C. CHILD SUPPORT.**

☐ Mother shall pay child support to the ☐ Father ☐ Other party

☐ Father shall pay child support to the ☐ Mother ☐ Other party

in the amount of \$ \_\_\_\_\_ per month, payable on the first day of each month beginning the first day of month following the signing of this Order until further order of the court. All child support payments shall be made by Order of Assignment signed this date, along with the statutory handling fee, through the Support Payment Clearinghouse. Any time the full amount is not withheld, the "Obligor" (*the person obligated to pay*) remains responsible for the full monthly amount ordered, and shall make payments payable to and mail directly to: **Support Payment Clearinghouse**

**P. O. Box 52107**

**Phoenix, AZ 85072-2107**

Payments must include the obligor's name, Social Security Number and ATLAS number. Payments not made through the Clearinghouse shall be considered *gifts* unless otherwise ordered by the Court.

**D. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN**

☐ **Father** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

☐ **Mother** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

**Non-Covered Expenses:** Father is ordered to pay \_\_\_\_\_ %, AND Mother is ordered to pay \_\_\_\_\_ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

**E. MEDICAL AND DENTAL CARE FOR OTHER SPOUSE**

☐ **Petitioner** is responsible for providing: ☐ medical ☐ dental insurance (for other spouse).

☐ **Respondent** is responsible for providing: ☐ medical ☐ dental insurance (for other spouse).

All uninsured medical and dental expenses shall be paid as follows:

\_\_\_\_\_ % by Petitioner, and \_\_\_\_\_ % by Respondent.

**F. SPOUSAL MAINTENANCE/SUPPORT** shall be paid by ☐ Petitioner or ☐ Respondent to the other spouse in the amount of \$ \_\_\_\_\_, due on or before the \_\_\_\_\_ day of every month until further order of this court.

**G. ACCESS TO COMMUNITY LIQUID ASSETS** (Cash or cash held in financial institutions, traveler's checks, lottery winnings) Wife and Husband shall have immediate access to community funds in the proportions (or dollar amounts) listed below, held in these named banks or financial institutions:

Name of Financial Institution	Name of Account Holder	Total (\$) in Account	% or Dollar amount to Husband	% or Dollar amount to Wife
		\$		

		\$		
		\$		
		\$		

**H. DISCLOSURE OF COMMUNITY LIQUID ASSETS** (Cash or cash held in financial institutions, traveler's checks, lottery winnings). The Petitioner and Respondent are ordered to disclose to the other party and to the court the name of all financial institutions where funds are held; the name in which the account is held; the account number; and the dollar amount in the account. (To guard against identity theft, financial account numbers may be presented on the **"Sensitive Data Sheet"**, which is not part of the public record.)

**I. PAYMENT OF DEBTS** shall be made as follows:

Creditor's Name (who the money is owed to)	Name(s) on Account	Total Amount Owed	Monthly Minimum Payment (\$)	% or \$ to be Paid by Husband	% or \$ to be Paid by Wife
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

**J. EXCLUSIVE USE AND POSSESSION OF PROPERTY** is granted as follows:  
To Petitioner if marked under the "P"; to the Respondent if marked under the "R".

	P	R
Residence at: (list address)		
Car described as:		
Other Property: (describe)		
Other Property: (describe)		
Other Property: (describe)		

**K. ATTORNEY FEES.**

☐ Petitioner or ☐ Respondent ☐ Other Party shall reimburse  
☐ Petitioner or ☐ Respondent ☐ Other Party for ☐ attorney fees in the amount of \$ \_\_\_\_\_,  
to be paid as follows: \_\_\_\_\_

If the ☐ Petitioner or ☐ Respondent ☐ Other Party (named above) contests (files papers to disagree with) these Temporary Orders, he or she shall pay or reimburse the other party(ies) for the costs of defending or maintaining these Orders, including: ☐ attorney fees and ☐ \_\_\_\_\_.

**L. THIS ORDER SHALL CONTINUE** in effect until further order of this Court or  
until this date: \_\_\_\_\_.

DONE IN OPEN COURT: \_\_\_\_\_.

\_\_\_\_\_  
JUDGE/COMMISSIONER OF THE SUPERIOR COURT

# THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) \_\_\_\_\_ )  
 Petitioner )  
 vs. )  
 (2) \_\_\_\_\_ )  
 Respondent )

(3) Case Number: \_\_\_\_\_

(4) ATLAS Number: \_\_\_\_\_

## ORDER OF ASSIGNMENT

**TO: Current and future employers or other payors of:**

(5) Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**This order modifies and replaces any previous "Order of Assignment" with the same case number.** You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
<b>TOTAL AMOUNT</b> per month	<b>\$ _____, but no more than</b>

**50% of disposable earnings** (A.R.S. § 33-1131). \*The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

**This Order of Assignment terminates** on the last day of \_\_\_\_\_, \_\_\_\_\_ unless it includes an arrearage payment, in which case the total amount listed above shall continue to be withheld until further order.

**You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."**

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

**Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
 Judicial Officer or Clerk of Superior Court

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT.  
DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE  
PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.

## JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY\*)

### PERSON TO RECEIVE PAYMENTS:

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

### PERSON TO MAKE PAYMENTS:

Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS:** Firm Name: \_\_\_\_\_

Payroll Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

☐ Additional children listed on attached sheet.

### FOR COURT USE ONLY

Order Date: _____			Type of Order: _____		
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous	
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____	
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____	
Due Date _____	Total _____	Total _____	Total _____	Med Bills _____	
	Thru Date _____	Due Date _____	Thru Date _____	Frequency _____	
	Due Date _____		Due Date _____	Due Date _____	